

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Cornell Dubilier Site/South Plainfield, NJ/ NJR000240026

2. Type of action (check two):

- | | |
|--|---|
| <input checked="" type="radio"/> Removal
<input checked="" type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed | <input type="radio"/> Remedial
<input type="checkbox"/> Fund-Financed
<input type="checkbox"/> PRP-financed |
|--|---|

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3. Type (check one) and form (check one) of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

- | Type: | Form: |
|---|--|
| <input type="checkbox"/> Solvents | <input type="checkbox"/> wastewater |
| <input type="checkbox"/> dioxins/furans | <input type="checkbox"/> liquid waste |
| <input type="checkbox"/> cyanides | <input type="checkbox"/> organic sludge
(greater than 1% total solids) |
| <input type="checkbox"/> heavy metals
(specify metals) _____ | <input type="checkbox"/> inorganic sludge
(less than 1% total organic carbon) |
| <input type="checkbox"/> acids | <input checked="" type="checkbox"/> solid or solidified waste |
| <input checked="" type="checkbox"/> PCBs | <input type="checkbox"/> contaminated soil and debris |
| <input type="checkbox"/> halogenated organics | |
| <input type="checkbox"/> other RCRA-listed hazardous wastes (specify) _____ | |
| <input type="checkbox"/> non-hazardous or de-listed wastes | |

4. Quantity of waste: 1

_____ cubic yard (cy)

_____ gallons (gal)

X _____ drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants

of concern: > 50 ppm

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6. Pre-treatment of waste before transportation: None

- ☐ Precipitation
- ☐ Neutralization
- ☐ Solidification
- ☐ Fixation
- ☐ Stabilization
- ☐ Other

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7. Receiving RCRA facility name/location/I.D. number/unit(s):

CWM Model City/Model City, NY/NYD049836679

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date 08/04/14

10. Date(s) of Shipments 09/24/2014 Date disposal is completed (date that facility signs manifest for receipt of final shipment) _____

11. Pre-treatment of waste at site before final treatment or disposal: None

- ☐ Precipitation
- ☐ Neutralization
- ☐ Solidification
- ☐ Fixation
- ☐ Stabilization

12. Final method of treatment or disposal/unit receiving: _____

- ☐ Precipitation
- ☐ Neutralization
- ☐ Incineration
- ☒ Landfill

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- ☐ Land treatment
☐ Injection
☐ Recovery/re-use
☐ Other

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13. If waste was landfilled:

- What disposal cell number or location? RMU-1 , grid location Y25-13
- Type of liner in cell? (e.g. PVC, clay, hypalon) 2-60 mil HDPE liners

14. Cost of activities:

- cost based on treatment/disposal only (no transportation cost) \$260.00
- cost for transportation 670.00 (for total drum pick up)

Date that compliance/inspection status was obtained from the RROC.

08/04/14

Delivery Schedule:

Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Rebecca Greaney

From: Amy Riggott
Sent: Monday, December 22, 2014 12:18 PM
To: Rebecca Greaney
Subject: FW: LA2-85 CWM-Model City---CERCLA approval needed 7-30-14
Attachments: LA2-85 CWM-Model City---CERCLA approval form 7-30-14.pdf

From: Grealish, Beckett [mailto:Grealish.Beckett@epa.gov] **On Behalf Of** Region2 OSR
Sent: Monday, August 04, 2014 10:30 AM
To: Amy Riggott
Cc: Kish, Terry; Bushra, Gezahegne
Subject: FW: LA2-85 CWM-Model City---CERCLA approval needed 7-30-14

Hi Amy.

The CWM Chemical Services, LLC, Model City facility is considered acceptable to receive waste regulated by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Off-Site Rule (OSR) within the limitations of its permits.

PLEASE NOTE: The OSR establishes compliance criteria and release criteria, and establishes a process for determining whether facilities are acceptable based on those criteria. However, once a facility's OSR acceptability status has been determined, EPA assumes that such facility will only accept waste, and waste will only be sent to such facility, which complies with the relevant permits issued by government officials. Therefore, please contact the appropriate agencies (federal, state, local) to verify the facility has the authority to receive this waste prior to any shipments of waste.

Additionally, please also be aware that EPA believes the Mercury Export Ban Act (MEBA) prohibits export of mercury-contaminated media (and other materials) if the intent of the export is to recover and sell or use the mercury. For additional information, you can visit EPA's "Questions and Answers about the Mercury Export Ban Act of 2008" webpage.

From: Amy Riggott <a.riggott@erllc.com>
Sent: Wednesday, July 30, 2014 12:25 PM
To: Region2 OSR
Cc: Kish, Terry; Bushra, Gezahegne; Gary Heller
Subject: RE: LA2-85 CWM-Model City---CERCLA approval needed 7-30-14

I made a mistake. Please use the attached corrected form.

Thank you,
Amy

From: Amy Riggott
Sent: Wednesday, July 30, 2014 12:18 PM
To: 'Region2 OSR'

Cc: 'Kish, Terry'; 'Bushra, Gezahegne'; Gary Heller

Subject: LA2-85 CWM-Model City---CERCLA approval needed 7-30-14

Good afternoon,

Please let me know if CWM (NYD049836679) located in Model City, NY is CERCLA approved to accept waste.

Thank you,

Amy

Amy Riggott

Environmental Restoration, LLC

110 Granby Street

Bloomfield, CT 06002

cell 860-778-4835

office 860-769-7356

fax 636-680-2593

a.riggott@erllc.com

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number		
		NJR000240026	1	(908) 354-0210	010408120 JJK		
5. Generator's Name and Mailing Address US EPA Region 2/Cornell Dubilier Site 2890 Woodbridge Avenue Edison, NJ 08837 Generator's Phone: (732) 906-6871 SOUTH PLAINFIELD NJ 07080							
6. Transporter 1 Company Name CLEAN VENTURE INC.				U.S. EPA ID Number NJ0000027193			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Cycle Chem Inc. 217 South First Street Elizabeth, NJ 07206 Facility's Phone: (908) 355-5800				U.S. EPA ID Number NJ0002200046			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
	X	UN3432 POLYCHLORINATED BIPHENYLS, SOLID 9 PG III ERGH 171	1 DM 35		K		
	X	UN2315 POLYCHLORINATED BIPHENYLS, LIQUID 9 PG II ERGH 171	1 DM 150		K		
		Non-DOT Non-RCRA	1 DF 55		G	ID72	
	4.						
14. Special Handling Instructions and Additional Information 971108/964257/167109/313705 (1)PCBM1-1 USED HEPA FILTERS, DUST AND RAGS-TSCA REG.(jackson 2) (2)PCBM44-4 WASH WATER PCB TSCA REG.(jackson 1),(3)PC04-2 wash water(NON TSCA WASTE) (delmour 1) 1-OUT OF service date: 9-23-14 2-OUT OF service date: 9-23-14							
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name		Signature		Month Day Year			
MARK GALLO		Mark Gallo		9 24 14			
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month Day Year			
George Desruisseaux		George Desruisseaux		9 24 14			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name		Signature		Month Day Year			
Licia Gibson		Licia Gibson		9 24 14			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NJD002200046	2. Page 1 of 2	3. Emergency Response Phone (908) 354-0710	4. Manifest Tracking Number 012353723 JJK		
5. Generator's Name and Mailing Address CYCLECHEM, INC. 217 SOUTH FIRST ST ELIZABETH, NJ 07206 (908) 355-5800			Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name CLEAN VENTURE INC.			U.S. EPA ID Number NJ0000027193				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address CM Chemical Services, LLC 1530 Balmer Road Model City, NY 14107 (716) 286-1550			U.S. EPA ID Number NYD049836679				
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes
	X	1. UN331 Polychlorinated biphenyls, solid (Debris) 9 PG II ERG# 171	1	DA	100	K	B007
	RQ	2. HA302 Hazardous waste, solid, n.o.s. (Lead) (PCB) 9 PG III (RQ 1008 10#) ERG# 171	8	DA	970	K	B007
	X	3. UN331 Polychlorinated biphenyls, liquid (Sludge) 9 PG II ERG# 171	5	DA	335	K	
	RQ	4. HA302 Hazardous waste, liquid, n.o.s. (DOOB) (PCB) 9 PG III (RQ 1008 10#) ERG# 171	10	DA	304	K	B007
14. Special Handling Instructions and Additional Information TR 475701 PCB/Non PCB Track #: 65082 Recd #: 508077 Flare #: TR 47W(NJ) OSD: See attached OSD Sheet. Scheduled Date: 11/06/14 Time: Before 12:00 noon (1)CL3851 (2)VC4011 (3)102744NY (4)NY301325 (1)PCBM1 (2)PCBM6 (3)PCBM93 (4)PCBM94							
15. GENERATOR/SOFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name MICHAEL CONNOLLY			Signature <i>Michael Connolly</i>		Month Day Year 10 31 14		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name Jorge AIFARZO			Signature <i>Jorge Aifarzo</i>		Month Day Year 10 31 14	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Line 4 Received 11 DM, weight should be 2908 K. 3/11/14 Line 6 2 TYPE REJECTION Generator agreed to count change						
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)			Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2. H132		3. H132		4. H132	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sarraf Cramer			Signature <i>Sarraf Cramer</i>		Month Day Year 11 6 14		

DESIGNATED FACILITY TO GENERATOR



CWM CHEMICAL SERVICES, LLC

1550 Balmer Road
Model City, NY 14107
716 286 1550
716 286 0211 Fax

DEC 15 2014

Clean Venture/Cycle Chem

CYCLE CHEM INC
ATTN: JIM BUTLER
NJD002200046
217 S 1ST ST
ELIZABETH NJ 07206-1502

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C., EPA ID: NYD049836679, has received waste material from CYCLE CHEM INC on 11/06/14 as described on Shipping Document number 012353723JJK Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL3851
CWM Tracking ID: 8166662401
CWM Unit #: 1*0 thru 11*0
Disposal Date: 12/05/14

Solid drum

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Michael D. Mahar

MICHAEL D MAHAR
DISTRICT MANAGER
Certificate # 373967
12/09/14

For questions please call
our Customer Service Dept.
at (800) 843-3604

Longtin Run 1, Grid location Y25-13

Plant/Item	Vendor	Date	Amount	Units	Media	Waste	Method of Disposal	Unit Cost	Disposal Cost	Land Code	Dismantage Cost	Total Amount
01D408120/LAK	N502	6/9/2014	1	55 gallon drum	P-015 SOLID	NA	Landfill	\$3,580.000	\$786.00		\$3,580.00	\$786.34
			1.00						\$786.00		\$3,580.00	\$786.34

[illegible]